

**SIGNATURE AUTHORIZATION FOR
OPSB SYSTEMS**

AGENCY NAME: _____

AGENCY CODE NUMBER: _____

EFFECTIVE DATE: _____

The following individuals may authorize use of OPSB Systems for this appointing authority/agency:

HR Director:

NAME: _____

TITLE: _____

SIGNATURE: _____

Designee:

NAME: _____

TITLE: _____

SIGNATURE: _____

AUTHORIZED BY: _____
Name *(Please Print)*

Signature

Title

Agency Contact Person and Phone Number

PLEASE SEND TO: Shared.Services@Maryland.gov